DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155217	A. BUILDING B. WING	03/18/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF HUNTINGBURG, THE	1712 LELAND DR HUNTINGBURG, IN47542

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F0000	This visit was for a Recertification and State Licensure Survey. Survey dates: March 14, 15, 16, 17, 18, 2011 Facility number: 000122 Provider number: 155217 AIM number: 100290560 Survey team: Carole McDaniel RN TC Terri Walters RN Liz Harper RN (March 14, 15, 16, 17, 2011) Census bed type: SNF/NF: 83 Total: 83 Census payor type: Medicare: 20 Medicaid: 46 Other: 17 Total: 83 Sample: 17 These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality review 3/24/11 by Suzanne Williams, RN	F0000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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F0368 SS=B	Based on observation and interview, the facility failed to ensure bedtime snacks were offered for 6 of 11 residents at the group meeting (Resident #92 , #93, #94, #95, #96, #97), with the potential to affect 47 residents not planned to have therapeutic snacks of 82 residents able to have snacks. Findings include: The group meeting with residents was held on 3/16/2011 at 1:30 P.M. It was attended by 11 participating residents who were characterized as alert and oriented by the Activity Director just prior to the meeting. Of the 11 residents, there were 6 who indicated bedtime snacks were not offered routinely to residents unless they had a medical need or specifically asked for a snack. Resident # 92 and #93 indicated they knew of some residents receiving snacks if they were diabetic, but they themselves would like to receive snacks. Resident #93 indicated she did get juice to take her pills with but did not count that as a snack. Resident # 94 indicated "you can get one but you have to ask, sometimes more than once." Resident # 95 indicated "you can sometimes get ice cream when you ask, if they have it."	F0368	F368The filing of this plan of correction does not constitute an admission that the alleged deficiency did in fact exist.The plan of correction is filed as evidence of the facilities desire to comply with the regulation and continue to provide quality care.It is the intent of this facility for all residents to be offered a bedtime snack every evening before bedtime.1. Action TakenThe staff was in-serviced on3/30/11 and 3/31/11 regarding offering of snacks to residents at bedtime.The pocket worksheets were updated to include assignment of passing HS snacks.The licensed nurses were inserviced on 3/30/11 and 3/31/11 on supervision of the staff during their shift to ensure completion of job duties.2. Others Identified.No residents were identified.3. System in place.The nursing staff will offer all residents an HS snack at bedtime. The staff members will document daily the offering of HS snacks.The licensed nurses will monitor and direct the staff to ensure completion of passing the snacks.4. MonitoringThe DON or designee will audit snack documentation daily. The DON or ADON will randomly interview residents 2 times a week to assure the offering of an HS snack.Activities/Designee will review/audit compliance with receiving snacks in monthly	04/05/2011

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	Resident # 96 and # 97 indicated snacks "did not happen" in their halls either. Cook # 1 was interviewed on 3/16/11 at 2:30 P.M. regarding evening snack preparation. She indicated there were 35 residents on her list who received special snacks related to nutritional risk or medical conditions each bedtime. She indicated the snacks were sent up at about 7:00 P.M. and if other residents asked, she "could make them a sandwich or send ice cream." She indicated if they wanted, the rest could have "kool aid" or cookies. On interview with the Director of Nursing at 3:00 P.M. on 3/16/11, she indicated the facility system of documentation lacked any recording of bedtime snacks to indicate they were offered and accepted or refused. 3.1-21(e)		Resident Council meeting to ensure on-going compliance.Administrator/Designee will review all audits monthly in QA meeting and in quarterly QA meeting with the Medical Director for on-going compliance.5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 4/5/11.	

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F0371 SS=E	Based on observation, interview and record review, the facility failed to ensure required sanitation solution concentration, provide clean beverage cups and kitchen surfaces and serve foods without utensil contamination during 3 of 3 kitchen tours with a potential affect to 82 residents receiving meals from the kitchen. Findings include: On 3/14/11 between 9:00 A.M. and 9:45 A.M., a kitchen tour was conducted. During that time, Cook # 2 was observed to wipe a food prep surface with a wash cloth wet in the soapy water of the pot and pan washing surface before beginning to bread raw chicken. The counter surface had been soiled with cooked egg. There were 2 food contact sanitation buckets available in the immediate area. A third bucket, was observed in use by Dietary Aide (DA) # 1. She was wiping all the residents' tabletops after breakfast with the solution in the third bucket. The Food Service Manager (FSM) and DA #1 and DA #2 attempted to test 3 of 3 buckets for sanitation strength. The 3 of 3 staff on interview at that time, did not know how long the test tape was to be held in the solution. The FSM directed aides to leave it in "a couple of seconds." After staff were informed of the	F0371	F371 It is the intent of this facility to use the required sanitation solution concentration, to provide clean beverage cups and kitchen surfaces, and to serve foods without utensil contamination.1. Action TakenA. All Dietary staff were inserviced on 3/14/11, 3/16/11, 3/17/11 and 4/5/11 on manufacturer's instructions in the use of sanitizing solution, floor care, the cleaning of coffee cups, the cleaning of door handles and stove surfaces and handling of serving utensils.B. The ice machines and their filters were cleaned on 3/16/11.2. Resident's IdentifiedAll residents had the potential to be affected.3. Measures TakenA. Dietary staff inserviced on 3/14/11, 3/16/11, 3/17/11 and 4/5/11 on the use of sanitizing solution per manufacturers instructions, proper floor cleaning, the cleaning of coffee cups, the cleaning of door handles and handling of serving utensils.B.The dietary manager made up new sanitizing solution on 3/14/11 that was tested and met the required pH.C. All dark blue coffee mugs have been replaced. The coffee cups wil be put in a soaking solution before being washed by the dishwasher.D.The floors, cabinet/door handles and stove surfaces were cleaned on 3/15/11. The cleaning schedule was revised. E. A flat knife is being used to lift steam table	04/05/2011

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	manufacturer's directions, test tapes were dipped into each of the 3 buckets for the full 10 seconds. Three of 3 buckets tested weaker than the required 200 ppm. Two were 0 ppm and the third was 100 ppm. There were 2 of 2 ice machines with bins filled with ice. Ice from each was being used for beverages and keeping covered food chilled. The white plastic guards across each ice bin had dark brown/black matter growth, dried food and soil collecting in bin door hinge guards, and heavy dust accumulations on the filters behind both ice machines. Top and bottom inside edges of both machines had a gelatinous pink substance/growth accumulation when swiped with a white paper towel. There were 10 of 10 clean dark blue coffee mugs coated on the inside with dried coffee residue when swiped with a wet paper towel. All appliances and cabinet and door handles and touch plates were tacky to the touch and/or had visible hand soil. The floors had accumulated dried food and spills and loose dry dirt and soil around edges, and under and behind appliances.		pans. The knife is then put with dirty dishes after each use. F.A utensil holder is being used to hold serving utensils between servings. G. The ice machines and their filters are on a monthly preventative maintenance schedule for cleaning. The housekeepers will clean the exterior of the ice machine weekly.The dietary manager/designee will audit the sanitizing solution two times per day to ensure appropriate levels of saniting solution in each bucket.The dietary manager/designee will audit the cleanliness of the cups two times a day. The dietary manager/designee will audit the floors, cabinet/door handles and stove surfaces daily for cleanliness. The dietary manager/designee will audit the changing of steam table pans on the serving line and the placement of serving utensils between servings at 2 meals per day.The Maintenance Supervisor/designee will audit the ice machines and filters weekly for cleanliness.These audits will be done for 90 days. If not at 100% compliance the audits will continue for another 90 days. If the results of the audits are within compliance after 90 days the audits will decrease to one random check per day and if not 100% compliant the audits will continue for another 90 days until	

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	The stove surfaces were tacky with oily brown residue accumulated. 2. On 3/14/11 during the noon meal, Cook #2 was observed changing the pans on the serving line steam table by prying up and around them with the bowls of 2 of 4 serving spoons being used intermittently to contact food during scooping servings. 3. During observation of the supper meal on 3/15/11 from 5:20 P.M. to 6:00 P.M., Cook # 1 was observed scooping food servings with 2 of 4 utensils who's handles had fallen into the food product. One slotted spoon submerged in the stewed vegetables and an ice cream scoop submerged into the pureed food at a level including the gear and thumb tab mechanism and all but 3 inches of the handle. 3.1-21(i)(3)		100% compliance is acheived.4. How MonitoredThe Administrator/Designee will review all dietary audits during daily QA stand-up meeting and quarterly with the Medical Director until 100% compliance is achieved.5. This plan of correction constitues our credible allegation of compliance with all regulatory requirements. Our date of compliance is 4/5/11.	

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F0425 SS=A	Based on observation, interview, and record review, the facility failed to ensure that unused portions of discontinued medications were destroyed within seven days for 3 of 17 residents from a sample of 17. (Resident #62, #90 and #91) Findings include: On 3/17/11 at 10:05 A.M., interview with LPN # 1 indicated when a resident expired or is discharged the medications were to be disposed of within 7 days. On 3/17/11 at 11:55 A.M., the Park Place medication room was toured with the ADON (Assistant Director of Nursing) and the following medications were observed: Resident # 62 had 16 tablets of discontinued Cipro 250 mg, take one tablet by mouth twice daily for 10 days, prescription number 639137, left in the medication room with a return to pharmacy label dated 3/3/11. Resident # 90 had 30 caps of discontinued acidophilus 30 mg to take one cap by mouth everyday, prescription number 637019, with a return to pharmacy label dated 3/2/11.	F0425	F425It is the intent of this facility that all unused portions of discontinued medications be destroyed within 7 days.1. Action TakenAll licensed nurses were inserviced on 3/3011 and 3/31/11 on the policy regarding returning drugs to the pharmacy.2. Resident's IdentifiedNo other residents were identified.3.All licensed nurses were inserviced on 3/30/11 and 3/31/11 on the "Returning Drugs to the Pharmacy" policy. The pharmacy will be contacted within 72 hours for a pick up of drugs. The DON/designee will audit the return of meds to the pharmacy two times per week.4.Administrator/designee wil review audits during daily QA meeting and will be reviewed with the Medical Director quarterly at the QAA meeting.5.This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 4/15/11.	04/05/2011

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	Resident # 91 had 3 boxes of discontinued 30 caps each of Neurontin 300 mg, take one cap by mouth at bedtime, prescription number 640977, with a return to pharmacy label dated 3/3/11. On 3/17/11 at 11:50 A.M., the facility policy entitled Returning Drugs to Pharmacy, dated 2005, was reviewed. This policy included but was not limited to: "7. Return the medication to the pharmacy within 7 days." 3.1-25(r)			